

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045192

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11595 STATE FILE NUMBER

FILED DEC - 2 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH - a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4932 Terry</u> | | d. STREET ADDRESS (If outside, give location) <u>4932 Terry</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>J.</u> Last <u>BARR</u> | | 4. DATE OF DEATH Month <u>11</u> Day <u>20</u> Year <u>63</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-2-1889</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 11. BIRTHPLACE (City and state or country) <u>Mississippi</u> | |
| 13a. FATHER'S NAME <u>Nelson</u> | | 14. NAME OF HUSBAND OR WIFE <u>James Barr</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT <u>Odena Ferguson 4932 Terry</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>420.0</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>sev. min to sev. months</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>5:35p.</u> Month <u>11</u> Day <u>20</u> Year <u>63</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Washington</u> | | |
| 21. I attended the deceased from <u>4-30-62</u> to <u>11-20-63</u> and last saw <u>her</u> alive on <u>9-28-63</u> Death occurred at <u>5:35p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>11-21-63</u> | |
| 22a. SIGNATURE <u>Bernard C. Randolph, M.D.</u> | | 22b. ADDRESS <u>4903a Easton</u> | |
| 23a. BURNAL, CREMATION, REMOVAL (Specify) <u>Funeral</u> | 23b. DATE <u>11-25-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Washington</u> | 23d. LOCATION (City, town, or county) (State) <u>Shannon County Mo.</u> |
| 24. FUNERAL DIRECTOR <u>J. McCleskey</u> | ADDRESS <u>4532 Washington</u> | 25. DATE RECD. BY LOCAL REG. <u>NOV 23 1963</u> | 26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 5072

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.